								1	Application or Docket Number				
	PATENT	APPLICATIO											
Effective October 1, 2003								10 757,63					
CLAIMS AS FILED - PART I								SMALL E	NTITY		OTHER	THAN	
(Column 1) (Column							1	TYPE [OR	SMALL	ENTITY	
TOTAL CLAIMS 2								RATE	FEE] ,	RATE	FEE	
FC	R	<u> </u>	NUMBER	FILED	NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
ТС	TAL CHARGE	ABLE CLAIMS	2 i mir	nus 20=	*)		ı	X\$ 9=		OR	X\$18=	18	
IND	EPENDENT C	LAIMS	3) m	inus 3 =	Ø			X43=		OR	X86=		
MU	LTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	 	OR	TOTAL	786	
CLAIMS AS AMENDED - PART II									<u> </u>]	OTHER		
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=		
√ME!	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						T	.145_		1	+290=		
1, , 8, 15								+145=		OR	TOTAL		
								DDIT. FEE		OR ,	ADDIT. FEE		
		(Column 1)	<u> </u>	(Colun		(Column 3)	Г		400L			4001	
MENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AMENC	Independent	*	Minus	###		=	r	X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM													
+145										OR	+290=	•	
								TOTAL DDIT. FEE	• • •	OR ,	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
ENTC		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	<u></u>		=	F	X43=			X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3										OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ODIT. FEE		
		mber Previously Paid ther Previously Paid					foun	d in the app	r priat box	in colu	ımn 1.		